



# The Florida Senate

## Local Funding Initiative Request

### Fiscal Year 2023-2024

LFIR # 2485

1. Project Title

2. Senate Sponsor

3. Date of Request

4. Project/Program Description

Complete demolition and reconstruction of Fire Station 22, installation of a baby box serving the City of St. Pete's historic Pass-a-Grille beach district and surrounding locations.

5. State Agency to receive requested funds

State Agency contacted?

6. Amount of the Nonrecurring Request for Fiscal Year 2023-2024

Type of Funding	Amount
Operations	0
Fixed Capital Outlay	2,000,000
<b>Total State Funds Requested</b>	<b>2,000,000</b>

7. Total Project Cost for Fiscal Year 2023-2024 (including matching funds available for this project)

Type of Funding	Amount	Percentage
Total State Funds Requested (from question #6)	2,000,000	100%
<b>Matching Funds</b>		
Federal	0	0%
State (excluding the amount of this request)	0	0%
Local	0	0%
Other	0	0%
<b>Total Project Costs for Fiscal Year 2023-2024</b>	<b>2,000,000</b>	<b>100%</b>

8. Has this project previously received state funding?

Fiscal Year (yyyy-yy)	Amount		Specific Appropriation #	Vetoed
	Recurring	Nonrecurring		
2022-23	0	2,000,000		Yes

9. Is future funding likely to be requested?

a. If yes, indicate nonrecurring amount per year.

b. Describe the source of funding that can be used in lieu of state funding.

10. Has the entity requesting this project received any federal assistance related to the COVID-19 pandemic?

If yes, indicate the amount of funds received and what the funds were used for.



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\$4.8m ARPA funds, allocated as follows:  
\$2m - sanitary sewer pump station rehabilitation; \$1.8m - stormwater improvements; \$900k sanitary sewer inflow and infiltration rehabilitation; \$100k employee premium pay

## Complete questions 11 and 12 for Fixed Capital Outlay Projects

### 11. Status of Construction

a. What is the current phase of the project?

☐ Planning ☒ Design ☐ Construction

b. Is the project "shovel ready" (i.e permitted)?

No

c. What is the estimated start date of construction?

10/1/2023

d. What is the estimated completion date of construction?

9/30/2025

12. List the owners of the facility to receive, directly or indirectly, any fixed capital outlay funding. Include the relationship between the owners of the facility and the entity.

City of St. Pete Beach is the owner of the facility.

### 13. Details on how the requested state funds will be expended

Spending Category	Description	Amount
<b>Administrative Costs:</b>		
Executive Director/Project Head Salary and Benefits		0
Other Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Operational Costs: Other</b>		
Salary and Benefits		0
Expense/Equipment/Travel/Supplies/Other		0
Consultants/Contracted Services/Study		0
<b>Fixed Capital Construction/Major Renovation:</b>		
Construction/Renovation/Land/Planning Engineering	Total construction estimate is \$4m. City is contributing \$2m towards the project.	2,000,000
<b>Total State Funds Requested (must equal total from question #6)</b>		<b>2,000,000</b>

### 14. Program Performance

a. What specific purpose or goal will be achieved by the funds requested?

Complete demolition and reconstruction of Fire Station 22. The rebuilt facility will prioritize resiliency based on its location in the City of St. Pete's historic Pass-a-Grille beach district. The station will be rebuilt to withstand high winds and coastal flooding, utilizing drainage improvements, flood proofing wind proofing methodologies, as well as elevating, and will include the installation of a baby box.

b. What activities and services will be provided to meet the intended purpose of these funds?



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Fire rescue service, emergency medical service, water rescue service.

**c. What direct services will be provided to citizens by the appropriation project?**

Fire rescue service, emergency medical service, water rescue service.

**d. Who is the target population served by this project? How many individuals are expected to be served?**

The City's full time population of 10,000 residents will be served as well as a seasonal population of 20,000.

**e. What is the expected benefit or outcome of this project? What is the methodology by which this outcome will be measured?**

Completion of a new, fully renovated structure equipped to facilitate calls for service. Responsive times, calls for service, and public satisfaction will all be measures used to measure success.

**f. What are the suggested penalties that the contracting agency may consider in addition to its standard penalties for failing to meet deliverables or performance measures provided for the contract?**

Return of funds.

**15. Requester Contact Information**

a. First Name  Last Name   
b. Organization   
c. E-mail Address   
d. Phone Number  Ext.

**16. Recipient Contact Information**

a. Organization   
b. Municipality and County

**c. Organization Type**

- ☐ For Profit Entity  
☐ Non Profit 501(c)(3)  
☐ Non Profit 501(c)(4)  
☒ Local Entity  
☐ University or College  
☐ Other (please specify)

d. First Name  Last Name   
e. E-mail Address   
f. Phone Number

**17. Lobbyist Contact Information**

a. Name



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**b. Firm Name**

Shumaker Advisors Florida, LLC

**c. E-mail Address**

rmyers@shumakeradvisors.com

**d. Phone Number**

(850)933-0883